FOR INSTRUCTIONS SEE BACK OF FORM

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12", Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

DISCLOSURE SUMMARY PAGE

IA ETHICS AND

Effective January 1, 2010, all statements and reports filed by new committees AMPAIGN DISCLOSURE B for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed 2014 OCT 15 PM 1:53 electronically.

Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically. Reset Form COMMITTEE NAME (Must be same as on Statement of Organization) FORM BoB Duff KE-ELECT SUPERVISOR DR-2 DISCLOSURE IMPORTANT: Indicate by # type of committee you are reporting for: [5]
(1)Statewide/Legisletive/Judge Standing for Retention Candidate (2)State PAC (3)State Party (Rev. 12/2009) REPORT (4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (For Office Use Orly Comm.# CANDIDATE COMMITTEES ONLY: Logged In _ Candidate Name Political Party (If applicable) Scanned Computer _ Office Sought District (if Senate or House) Audited COUNTY Late reports are subject to possible civil and criminal penalties. Pursuant to lowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports. 55) 468-068 SIGNATURE OF PERSON THING REPORT I AM FILING A REPORT FOR (1) ELECTION /(2)NON-ELECTION YEAR. report date) Indicate by # CHECK IF AMENDMENT TO REPORT DATED Local Committees, enter Date of Election 11-4-14 Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. County & Local Committees, enter County in (You must continue to file reports until a DR-3 is filed.) which Election is held MALISON STATEMENT OF CASH ON HAND CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.)\$ 506.07 ADD TOTAL MONEY TAKEN IN THIS PERIOD 358,00 Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) Schedule F: Loans Received total (Attach Schedule F) Schedule H: Total Sales of Campaign Property (Attach Schedule H)..... (Schedule Happlies to Candidates' Committees Only) SUB-TOTAL.....\$ SUBTRACT TOTAL MONEY SPENT THIS PERIOD Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below)............ Schedule F: Loan Repayments total (Attach Schedule F)..... CASH ON HAND at the end of this reporting period (if final report balance must be zero)\$ 0 750,00 CONSULTANT BREAKDOWN (Schedule G Attached?) YES X NO CANDIDATE COMMITTEES ONLY: VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

For Instructions, See Back of Form	Reset Form SCHEDUL	E
CONTRIBUTIONS MONEY TAKEN IN CAMPAIGN DISCLE	AND Incidential A	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) RE-ELECT BOB DUFF Supervisor	M 1: 53	HECK THIS BOX IF MENDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD,

CAUTION: Section 688.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

FOR DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE- (if applicable)	AWOUNT RECEIVED	V IF FUND- RAISER INCOME
07/22/14	ID#	MADISON COUNTY REPUBLICAN CENTRAL COMMITTEE		\$358 5	
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* Disclosure law rec	quires candidate committee	TOTAL (If last page		\$358 =	

Page _____ of ____ familial relationship

FOR INSTRUCTIONS, SEE BACK OF FORM AMPAIGN DISCLOSURE Reset Form SCHEDULE EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT 2014 OCT 15 PM 1: 53
STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE MONETARY (Rev. 07/03) **EXPENDITURES** CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE CHECK THIS BOX IF PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA AMENDING FORM ETHICS & CAMPAIGN DISCLOSURE BOARD. COMMITTEE NAME (Must be same as on Statement of Organization) RE-ELECT BOB DUFF SUPERVISOR CANDIDATE NAME AND ADDRESS TO WHOM PURPOSE AMOUNT DATE ID NUMBER EXPENDITURE (DESCRIBE TRANSACTION) EXPENDED EXPENDED (if applicable) (Disbursement) WAS MADE (MM/DD/YR) AND PAC CHECK NUMBER ID# MARK IT PROMOTIONALS 07/24/14 2647 ELDERBERRY AVE MAGNETIC SIGNS CK# 4 \$ 199 27 WINTERSET, IA 50273 1D# CK# ID# CK# ID# CK# ID# CK# ID# CK# 1D# CK# ID# CK# SUB-TOTAL TOTAL (if last page of this schedule) 19927

THIS BOX APPLIES T	O CANDIDATES'	COMMITTEES ONLY:
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Purchases of certain campaign property coating \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, politing, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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- MONETARY LOA (Original source o	NS RECEIVED THIS REPORTING PERIOD f loan, such as a bank, must be shown if a third party is it	nvolved. Include loans fo	om candidate's	personal funds.)
DATE RECEIVED	NAME AND ADDRESS OF LENDER (Include Endorser's Name, if Applicable)	RELATIONS CANDIDATE (If A		AMOUNT OF LOAN
MM/DD/YR)				§
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DATE PAID (MM/DD/YR)	LOAN REPAYMENTS MADE THIS REPORTING PERIOD must be reported on Schedule E - In-kind Contribution NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	OD	SHIP TO	\$ AMOUNT REPA
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